PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09945/05

(Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			8				F	RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		-	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		. 0		×	(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					* /		\rightarrow{\cdot}{\cdot}	(40=	40,0	ЮB	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				 	135=	70.5	OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	L	OTAL	395 vs	, ,	TOTAL	
	C	LAIMS AS A	MENDED - PART II				72.0				OTHER	THAN
	taring and the second second	(Column 1) CLAIMS	(CONT. 10.10.10.10.10.10.10.10.10.10.10.10.10.1	(Colui		(Column 3)	SI	MALL E	ENTITY	OR .	SMALL	NTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	*	=	×	\$ 9=		OR	X\$18=	
	Independent	NITATION OF M	Minus	***	T CL AINA	=	×	(40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=	
								TOTAL IT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADL	/II. FEE (ADDIT. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	AME G	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	>	(40=		OR	X80=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM			135=			+270=	
							Ľ	TOTAL		OR	TOTAL	
							ADD	IT. FEE		OR	ADDIT. FEE	
		(Column 1)	7740		mn 2) HEST	(Column 3)						,
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	TOTATION OF M	Minus	***	T CL AIN	=	×	(40=		OR	X80=	
L	TINOT PRESE	MIATION OF M	OLITE DEF	CINDEN	I CLAIM		+	135=		OR	+270=	
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 									ΛP	TOTAL	
	If the "Highest Nu	mber Previously P ober Previously Pa	aid For" IN THE	S SPACE	is less tha	an 3, enter "3,"	AUU	IT. FEE	propriate box		ADDIT. FEE lumn 1.	